08-13555-mg Doc 39189-1 Filed 07/24/13 Entered 08/05/13 14:37:50 Exhibits A

and B Pg 1 of 6 B 19 (Official form 19) (12 08) UNITED STATES BANKRUPTCY COURT Southern District of New York PROOF OF CLAIM Name of Debtor LB 2080 KALAKAUA OWNERS LLC. jointly administered under Lehman Brothers Holding, etal BK08-13555 (JMP) Case Number NOTE. This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 USC § 503 e of Creditor (the person or other entity to whom the debtor owes money or property) STATE OF HAWAII. DEPARTMENT OF TAXATION 7 Check this box to indicate that this Name and address where notices should be sent claim amends a previously filed HAWAII STATE TAX COLLECTOR ATTN: BANKRUPTCY UNIT (el) clann PO BOX 259 Court Claim Number: HONOLULU HI 96809 (II known) Lelephone number (808) 587-1675 Filed on Name and address where payment should be sent (if different from above) 7 Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars Felenhone number T Check this box if you are the debtor of trustee in this case 1. Amount of Claim as of Date Case Filed: s unknown 5. Amount of Claim Entitled to If all or part of your claim is secured, complete item 4 below, however, if all of your claim is unsecured, do not complete Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the If all or part of your claim is entitled to priority, complete item 5 amount. TCheck this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized Specify the priority of the claim statement of interest or charges 7 Domestic support obligations under 2. Basis for Claim: see attached HUSC \$507(a)(1)(A) or (a)(1)(B) (See instruction #2 on reverse side.) 3. Last four digits of any number by which creditor identifies debtor: 2314 .7 Wages, salaries, or commissions (up. to \$10,950*) carned within 180 days 3a. Debtor may have scheduled account as: __ before filing of the bankruptcy (See instruction #3a on reverse side.) petition or cessation of the debtor's Secured Claim (See instruction #4 on reverse side) business, whichever is earlier [11] Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested U.S.C. §507 (a)(4) information :7 Contributions to an employee benefit Nature of property or right of setoff: TReal Estate Motor Vehicle plan | 11 U.S.C. §507 (a)(5) Describe: ☐ Up to \$2,425* of deposits toward Value of Property:S _____ Annual Interest Rate______% purchase, lease, or rental of property or services for personal, family, or Amount of arrearage and other charges as of time case filed included in secured claim. household use - 11 USC \$507 (a)(7) if any: S Basis for perfection: Taxes or penalties owed to Amount of Secured Claim: \$ _____ Amount Unsecured: \$ unknown governmental units - 11 U.S.C. §507 6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim 7 Other - Specify applicable paragraph 7. Documents: Attach reducted copies of any documents that support the claim, such as promissory notes, purchase of 11 to S.C. \$507 (are) orders invoices stemized statements of running accounts contracts, additions, mortgages, and security agreements You may also attach a summary. Attach reducted copies of documents providing evidence of perfection of a country official. You may discomfact a summary africe instruction of included all formers and reducted and reverse cate a Amount entitled to priority: 3 unknown DO NOT SESDORIGIS ALDOCI MENTS. ATTACHED DOCUMENTS MAY BE DESTROYED ALDER * Time with the subject to all fastine in an I I I I may some Some over other with If it is down north iteration is table, please explain respective axes commence from an appear

1)2116: 09/02/2009 Signature: The person filling this claim must sign it. Sign and print name and title it invest the creditor or other person nathorized to file this claim and state address and telephone number if follower from the notice of flow Power Attach copy of power of attorney of any

LYNNE M. KANETA, TAX COLLECTOR (el)

Xyun Mante

the Lite of adjustment

SEP 08 2009

many be presenting translation. Anon. This of up to \$500 of to approximate for up to 500 its or both 1830 830

EXHIBIT A

EPIQ BANKRUPTCY SOLUTIONS, LLC

токмо-кирс)^{*} 08-13555-mg Doc 39189-1 Filed 07/24/13 Entered 08/05/13 14:37:50 Exhibits A and B Pg 2 of 6

STATE OF HAWAII **DEPARTMENT OF TAXATION**

LB 2080 KALAKAUA OWNERS LLC TO: 1271 AVENUE OF THE AMERICAS NEW YORK NY 10020

Case No. 09-12516-jmp Priority Claim

		DETAIL STA	TEMENT OF TAXE	ES DUE		
Tax Key	TYPE				INTEREST	
Acct/Lic No	OF TAX				ТО	
Lien Dates	EIN# 20-4542314	PERIOD	TAX	PENALTY	04/23/09	TOTAL
unknown	Net Income	2006 to 2008	unknown		unknown	unknown
				_		
-						
					•	
* TOTAL *			Unknown	L	Jnknown U	Inknown

Date:	09/02/09			
Prepared By:	E. Liu			
1 t	(000) 507 4075			

Telephone: (808) 587-1675

OAHU COLLECTION BRANCH

LYNNE M. KANETA

(REV 1994)

08-13555-mg Doc 39189-1 Filed 07/24/13 Entered 08/05/13 14:37:50 Exhibits A and B Pg 3 of 6

STATE OF HAWAII

DEPARTMENT OF TAXATION

TO: LB 2080 KALAKAUA OWNERS LLC 1271 AVENUE OF THE AMERICAS NEW YORK NY 10020

Case No. 09-12516-jmp **Unsecured Claim**

DETAIL STATEMENT OF TAXES DUE

Tax Key Acct/Lic No Lien Dates Net Income 2006 to 2008 unknown Net Income 2006 to 2008 unknown Net Income 2006 to 2008 unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown		···	DETAIL STA	TEMENT OF TAX	ES DUE		
Lien Dates	Tax Key	TYPE				INTEREST	
Lien Dates	Acct/Lic No	OF TAX			[!
unknown Net Income 2006 to 2008 unknown unknown	Lien Dates	EIN# 20-4542314	PERIOD	TAV	DENIALTY		
			T ETNIOD	1700	PENALIY	04/23/09	TOTAL
	unknown	Net Income	2006 10 2000				
	UINIOWII	ivet income	2006 to 2008		unknown		unknown
						ļ	
		1			1		
			<u> </u>				
]				
			<u> </u>				
						}	
							•
				 			·
* TOTAL *		1					
* TOTAL * Unknown Unknown							
* TOTAL * Unknown Unknown		•			1		-
*TOTAL * Unknown					<u>. L</u> .		
*TOTAL * Junknown Unknown							
*TOTAL * Junknown Unknown				ł	1		
*TOTAL * Junknown Unknown	— — — — — — — — — — — — — — — — — — —			†	 		
* TOTAL * Junknown Junknown		1		}]		
*TOTAL * Unknown					 		
*TOTAL * Unknown Unknown						[
*TOTAL * Unknown Unknown	 	 					·
*TOTAL * Unknown Unknown						i	
*TOTAL * Unknown Unknown							
*TOTAL * Unknown Unknown							
*TOTAL * Unknown Unknown							
*TOTAL * Unknown Unknown							
*TOTAL * Unknown Unknown				1		1	
*TOTAL * Unknown Unknown					† 		
*TOTAL * Unknown Unknown					1	1	
*TOTAL * Unknown Unknown		 			+		
* TOTAL * Unknown Unknown					1	į.	
	* TOTAL *				lunknown	lı	Jnknown

Date: 09/02/09

Prepared By: E. Liu

Telephone: (808) 587-1675

OAHU COLLECTION BRANCH

LYNNE M. KANETA

08-13555-mg Doc 39189-1 Filed 07/24/13 Entered 08/05/13 14:37:50 Exhibits A and B Pg 4 of 6

B 10 (Official Form 10) (12 08)		
UNITED STATES BANKRUPTCY COURT Southern District of New York		PROOF OF CLAIM
Name of Debtor LEHMAN BROTHERS HOLDINGS INC, jointly administered	Case Numbe 08-1355	•
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement administrative expense may be filed pursuant to 11 U.S.C. § 503.	of the case. A re	equest for payment of an
STATE OF HAWAII, DEPARTMENT OF TAXATION Name and address where notices should be sent. HAWAII STATE TAX COLLECTOR ATTN: BANKRUPTCY UNIT (el) P O BOX 259 HONOLULU HI 96809	claim ame claim	s box to indicate that this inds a previously filed Number:
Celephone number: (808) 587-1675	Filed on:	
Name and address where payment should be sent (if different from above).	any one els relating to	box if you are aware that e has filed a proof of claim your claim Attach copy of giving particulars.
Telephone number	Check this or trustee in	box if you are the debtor
1. Amount of Claim as of Date Case Filed: \$ UNKNOWN If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5.	5. Amount of Priority un any portion one of the	Claim Entitled to deer 11 U.S.C. §507(a). If on of your claim falls in following categories, box and state the
Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.	1	ority of the claim
. Basis for Claim: see attached (See instruction #2 on reverse side)	Domestic s	upport obligations under 507(a)(1)(A) or (a)(1)(B)
3a. Debtor may have scheduled account as: (See instruction #3a on reverse side.) Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested	to \$10,950 before filin petition or	aries, or commissions (up *) earned within 180 days g of the bankruptcy cessation of the debtor's chichever is earlier – 11 7 (a)(4).
Nature of property or right of setoff:	Contributio	ns to an employee benefit .S.C. §507 (a)(5).
Value of Property: S Annual Interest Rate% Amount of arrearage and other charges as of time case filed included in secured claim, if any: S Basis for perfection: Amount of Secured Claim: S Amount Unsecured: SUnknown	purchase, le or services (household u (a)(7)	5° of deposits toward ase, or rental of property or personal, family, or se – 11 U S C \$507 nalties owed to al units – 11 U S C \$507
Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. Documents: Attach reducted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements for may also attach a summary. Attach reducted copies of documents providing evidence of perfection of security interest. You may also attach a summary. (See instruction 7 and definition of reducted" on reverse side.)	of HUSC	erify applicable paragraph §507 (a)() entitled to priority: unknown
O NOT SEND ORIGINAL DOCUMENTS A TTACHED DOCUMENTS MAY BE DESTROYED AFTER CANNING the documents are not available, please explain	4-1-10 and ever	
Date: 07/22/2009 Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the crooking other person authorized to file this claim and state address and telephone number if different from the address above. Attach copy of power of attorney if any	e notice	FILED / RECEN
YNNE M. KANETA, TAX COLLECTOR (el)		JUL 2 7 200
Penalty for presenting fraudulent claim. Fine of up to \$500,000 of imprisonment for up to 5 years, or both	18 USC 39 19	
EXHIBITB	į	EPIQ BANKRUPTCY SOLUTI

08-13555-mg Doc 39189-1 Filed 07/24/13 Entered 08/05/13 14:37:50 Exhibits A (REV 1994)

and B Pg 5 of 6

STATE OF HAWAII DEPARTMENT OF TAXATION

TO: LEHMAN BROTHERS HOLDINGS INC 745 SEVENTH AVE NEW YORK NY 10019

Case No. 08-13555-jmp Priority Claim

		DETAIL STAT	EMENT OF TAXES	S DUE		
Tax Key Acct/Lic No Lien Dates	TYPE OF TAX EIN# 13-3216325	PERIOD	TAX	PENALTY	INTEREST TO 09/15/08	TOTAL
unknown	Net income	2005, 2006	unknown			unknown
						<u> </u>
•						
,						
		-				
TOTAL			Unknown		Unknown:	Unknown

Date: 07/22/09

Prepared By: E. Liu

Telephone: (808) 587-1675

OAHU COLLECTION BRANCH

08-13555-mg Doc 39189-1 Filed 07/24/13 Entered 08/05/13 14:37:50 Exhibits A FORM D-5 (PC) and B Pg 6 of 6 (REV 1994)

STATE OF HAWAII DEPARTMENT OF TAXATION

TO: LEHMAN BROTHERS HOLDINGS INC 745 SEVENTH AVE NEW YORK NY 10019

Case No. 08-13555-jmp **Unsecured Claim**

		DETAIL STAT	EMENT OF TAXE	S DUE		
Tax Key	TYPE				INTEREST	
Acct/Lic No	OF TAX				ТО	
Lien Dates	EIN# 13-3216325	PERIOD	TAX	PENALTY	09/15/08	TOTAL
	1					
unknown	Net Income	2001 to 2004	unknown	unknown	unknown	unknown
	No. 1		ł			
unknown	Net Income	2005 to 2006	ļ	unknown		unknown
•				1		
		ļ				
			<u> </u>	+		<u> </u>
			· · · · · · · · · · · · · · · · · · ·			
					i	
****				ļ		
						
						- · · · · · · · · · · · · · · · · · · ·
						
]			
	es ^c					
		· · · · · · · · · · · · · · · · · · ·				
					l	
* TOTAL *			Unknown	unknown:	Unknown	Unknown

	ate:	
u	alc.	

07/22/09

Prepared By: E. Liu

Telephone: (808) 587-1675

OAHU COLLECTION BRANCH